DOCUMENT RESUME

ED 159 505 CG 012 683

TITLE	Training the Human Resources, July, 1977 Bulletin.
INSTITUTION	National Inst. on Drug Abuse (DHEW/PHS), Rockville, Md.
REPORT NO	DHEW-ADM-77-411
PUB DATE	Jul 77
NOTE	16p.; Not available in hard copy due to marginal legibility
AVAILABLE FROM	Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402 (017-024-00619-0)
EDRS PRICE	MF-$0.83 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS	*Alcoholism; Clinics; *Drug Abuse; Drug Addiction; *Drug Legislation; *Females; *Rehabilitation Programs; Sedatives; State of the Art Reviews; *Therapy

ABSTRACT

The Division of Resource Development of the National Institute on Drug Abuse is giving increasing emphasis to the needs and concerns of women, both in treatment and as workers in the field. Recently there has also been increased interest in the problems of the female substance abuser on the part of the Alcohol, Drug Abuse, and Mental Health Administration and the Congressional Oversight Committee. This publication is devoted to topics in the field of substance abuse that concern women. The rising drug use among women and the need for improved services for women are discussed. Three women and their work with substance abuse are briefly described. Another section describes Caritas House, a Cranston, Rhode Island, drug treatment center for adolescent girls. The publication reviews several conferences held in the last year in which the treatment of drug-dependent women was either a central or major concern. Other sections discuss legislation developments, cover some of the treatment programs designed to give women special attention, and review five publications about women. (Author/JL)

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CG 012 085

An Act
Public Law 94-371
94th Congress, S. 3184
July 26, 1976
To amend the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, and for other purposes.
U.S. DEPARTMENT OF HEALTH EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
RESOURCES
Training the Human
July 1977
Bulletin

MAR 1 0 1978

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RESOURCES takes on a slightly different appearance with this issue. Some of the clearly visible differences will be obvious—we have a new typeface, a new page size, and different paper. But the differences are more than skin deep. Beginning with this issue, **RESOURCES** will focus more directly on specific topics in the field. This issue is devoted to topics that concern—and are of concern to—women in the field of substance abuse. This of course doesn't mean that our male readers should stop right here; this is not considered to be a "for women only" edition.

The Division of Resource Development of the National Institute on Drug Abuse (NIDA) is giving increasing emphasis to the needs and concerns of women, both in treatment and as workers in the field. In addition to the article in this issue of **RESOURCES,** NIDA has sponsored a National Conference on Women and Drugs, developed a new training package on Women in Treatment (WIT) through the National Drug Abuse Center (NDAC), and is presently supporting special demonstration and research projects focused upon women.

During the past few months there has also been increased interest in the problems of the female substance abuser on the part of the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) and the Congressional Oversight Committee.

As a result of this interest, additional materials are becoming available through the National Clearinghouse for Drug Abuse Information by means of special reports and special publications.

That's what this issue of **RESOURCES** is all about. We would be interested to know what our readers think about both the new format, generally, and this special topic focus.

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Focus:

Improving Services for Women

The recent development of drug abuse prevention and treatment activities has been so rapid that some important areas have been neglected.

One oversight concerns the particular needs of women who receive and deliver drug abuse services. Many signs indicate that the parity of women and men in experiencing drug-related problems is not reflected in responses from institutions or government.

Given the historical role of women in our society, this is not surprising. In the past, the problems of women and substance abuse were often ignored. If the issues were recognized at all, the wrong questions were asked or the right answers overlooked. Frequently it was assumed that women did not have serious drug problems. Only now is there a willingness to confront and probe the complexity and scale of female drug abuse.

The complacency regarding women and drug abuse was based on the observation that drug use was less common among females than among males. This assumption ignored history. It is estimated that during the height of the patent medicine era in the early twentieth century, when opium was a common ingredient of the nostrums promoted for treatment of a variety of ills, female opium addicts outnumbered addicted men two to one. However, following State and Federal legislation that outlawed the use of opiates, the ratio was rapidly reversed. The result was that the earlier use and abuse of drugs by women were forgotten.

In the past, women were regarded as delicate, innocent, and incorruptible. Addiction was ignored, excused, or covered up; women's roles enabled them to disguise their drug problems and prevented their seeking help until the problems were severe. Even today, women occupying the traditional and often lonely role of homemaker can develop a serious alcohol or drug problem—or both—that goes undetected for some time.

Double standards for men and women are slowly passing. The pressures of modern life affect both men and women; the problems of both sexes are faced more honestly and equally.

Although twice as many men as women over the age of 18 have used or presently use marihuana, the ratio of male to female users among adolescents (ages 12 to 17) is nearly one to one.

Surveys indicate that: (1) twice as many women as men use the two most popular minor tranquilizers, Valium and Librium; (2) 50 percent more women than men report ever having used barbiturates for medical purposes; (3) three times as many women as men report ever having used amphetamines for a medical purpose; and (4) the number of women who use "pills" to cope with stress increased almost 30 percent from 1972 to 1974. Among males there was no similar increase.

Statistical accounts of rising drug use among women tell only part of the story. They cannot begin to capture the human implications. Women have borne much of the burden of drug abuse in the family, which often involves their husbands and children. The social cost has fallen disproportionately on those least able to afford it—poor and minority women. Women are also directly affected by drug abuse: The cost of supporting a drug habit has played a significant role in encouraging criminality on the part of addicted women. One California study of female heroin addicts found that, on the average, their habit cost more than twice that of male addicts; most raised the average of $75 per day needed for drugs by resorting to prostitution, shoplifting, and forgery.

The female heroin addict has a triple handicap: She is typically poor, addicted, and a woman. Her rehabilitation is made particularly difficult by society's attitudes toward her. Although often "branded" for having been a prostitute, her sincere desire to change does not alter her vocational disadvantages. Vocational opportunities and training are frequently denied or limited because these are not considered vital for women. If she is successful in obtaining employment, wage discrimination makes achieving an adequate standard of living difficult.

The added disabilities of being a woman and a drug abuser by no means characterize the poor only. There are many forces that encourage women in all walks of life to escape into drugs, and there are many ways in which discrimination plays a part in women's drug problems.

It is argued that women are encouraged even by their physicians to develop dependence on prescribed psychoactive drugs such as tranquilizers, sedatives, and stimulants. If we limit ourselves to national survey data on reported drug use, it is true that a significantly larger percentage of women than men have ever used such drugs. When an analysis is

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People:

"The basic health of our culture is rooted in the health of the family, which I see to be very much in trouble. Woman is the key to the family." So says Margaret Lilly, newly appointed coordinator of women's programs for the Louisiana Bureau of Substance Abuse.

Ms. Lilly is responsible for developing educational and preventional programs for women, their husbands and children, and for finding ways to bring women into treatment. She noted that keeping a woman in treatment is difficult, whether because of interference from her husband, lack of child-care facilities, or the program's failure to meet her needs. It is a problem Ms. Lilly would like to investigate.

Her job grew out of a conference on women and stress held in April, 1976. The philosophy emerging from the conference was that "stress is the cause of substance abuse whether it is in men or women." Even though "stress is at the core of all living," Ms. Lilly cautioned that "when it becomes too great and traditional coping behavior doesn't work, a drug may seem the answer."

She is distressed that our culture has begun to take the use of "soft" or prescription drugs —aspirin, antihistamines, pain pills, and, of course, tranquilizers—for granted and that perhaps women are more susceptible to their use. She complains of the sexism in advertising and the frequency with which doctors prescribe tranquilizers to their female patients.

Because she originally had no funds and her proposed budget for the next fiscal year is limited, Ms. Lilly depends on volunteers and women's organizations for help. She works with existing resources and trains others to use them. She wants to educate the public to the existence of available resources and "sensitize women in particular and the community in general to the growing problems of women in alcohol and drugs."

In 1920 Susan B. Anthony won the right for women to vote. Today a second Susan B. Anthony (grandniece of the suffragette) is working equally hard for another women's cause—the prevention and treatment of alcoholism. At a Capitol Hill reception given by Maine's Senator William B. Hathaway (chairman of the Senate Subcommittee on Alcoholism and Narcotics) and the National Council on Alcoholism, she celebrated her 60th birthday and the anniversary of the 19th amendment and publicly announced, for the first time, that she is a recovered alcoholic and has been for 30 years. The purpose of her announcement was to focus attention on the problem of alcoholism among women and to alert society to the efforts being made to combat it by the newly formed Office of Women at the National Council on Alcoholism. Her hope is that by making her alcoholism known, she will encourage other women still secretly struggling with drinking problems to admit to it and seek the help they need.

Later in September 1976, Dr. Anthony testified before Hathaway's committee on "Alcohol Abuse Among Women: Special Problems and Unmet Needs."

Although that hearing focused primarily on alcohol abuse, Hathaway noted that "the problem is compounded today by the alarming increase in the use of tranquilizers and other psychotropic drugs. Women account for 68 percent of all the prescriptions of psychotropic drugs."

Dr. Anthony noted that even though statistics indicate that alcohol and drug abuse are on the rise, there are probably still thousands of "closet drug abusers." "If these women made their needs known," she said, "the current treatment system would never be able to care for them." "And," Dr. Anthony pointed out, "until these women come out of the closet, there will be no massive impetus to expand the size and the scope of current treatment efforts."

Mary Beth Collins, Executive Director of the newly formed International Association of Prevention Programs (IAPP), maintains that IAPP ". . . will work to become a viable advocacy program for all of the prevention efforts in three major fields: drug abuse, alcoholism, and mental health and behavioral programs . . . ."

Ms. Collins is the former Executive Director of the Community Organization for Drug Abuse Control in Phoenix and a member of the National Coordinating Council on Drug Education. At the first meeting of IAPP she noted that "There are some 9,000 organizations in the United States alone now claiming the title of prevention programs. We need to classify and define them better so that their views can be heard regarding funding, as well as [to establish] communications between the various groups with mutual interests."

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Places:

The staff at Caritas House, a Cranston, Rhode Island, drug treatment center for adolescent girls, think their program is different.

The first, most noticeable, difference is that Caritas doesn't look like a treatment program from the outside, and only minimally so once you go in. The house is a small—too small, some feel—livable brick structure with only four bedrooms and one and one-half baths. Fourteen girls, ages 12-17, make do in these quarters on the campus of the State's medical center near Providence.

Inside, there are few reminders that this is a drug program. No posters blast rules, there are no massive duty rosters, and no clever little signs that purport to contain life's true and only wisdom.

But the big difference inside is the staff, which is 100 percent female.

Director Susan Wallace says that the residents' deep feelings about men and sex just don't get talked about when a male therapist is around. "Eventually, they'll change their images of men. Right now, they need strong women role models."

What Wallace looks for as role models are "staff members who want to leave here at the end of the day to lead their own lives . . . and women who are interested in helping the girls get back to normal lives as soon as possible." No staff member lives in at Caritas, because Caritas aims at avoiding overidentification on the part of the staff and too much dependency going both ways. The staff want the girls to feel they are in charge of their own destiny.

Unlike many drug program staffs, most of the personnel at Caritas are college graduates. They have all worked with adolescents, but none is an ex-addict. Wallace feels that ex-addicts have more rigid ideas on how drug programs should be run (that is, just like the program they've been in), and she wants flexibility.

The short-term approach is another departure from tradition. Girls stay at Caritas 6 months to a year and gradually advance through four stages of increasing responsibility prior to going back to their families. "Six months to a year is realistic. These are teenagers and they need to be back in the home setting," Wallace feels.

They also return to school or work. State-paid tutors help the girls catch up or keep up with their schoolwork. In an attempt to normalize the girls' attitudes about themselves, Wallace says, "emphasis is on graduation from high school, *not* graduation from Caritas."

Confrontation therapy, used at many treatment centers, is not employed at Caritas either. There is, instead, a stress on positive self-acceptance and growth through gentle guidance rather than harsh control. Says Wallace, "We believe the girls have something to build on, not that they need to be totally 'torn down' to start over again."

Nor does Caritas encourage girls to look upon other residents and staff as their "family," as is done in other places. "We don't foster that kind of dependency," Wallace says. "The adolescents come from problem homes and the goal is to solve the problem." Parents are urged to become deeply involved in the family therapy offered weekly at Caritas; Wallace says the girls *want* better relationships with their parents.

Caritas (Latin for "caring"), one of only two drug treatment centers in the country for adolescent females, began in January 1974. It became a private, nonprofit corporation in December 1975, and now receives NIDA funding. Caritas recently obtained a $24,000 grant for a Primary Prevention Program aimed at the brothers and sisters of Caritas' residents, a group Wallace considers particularly vulnerable.

Wallace points to the continuing necessity to prove there's a need for places like Caritas. "It's true," she says, "that there are more males than females involved with drugs, but there are only two treatment centers like this one exclusively for adolescent females." (The other is New Hope Manor in Manchester, Connecticut.)

What happens with young females, Wallace explains, is that they don't get identified as having a drug problem until the fact is impossible to avoid. Parents are more lenient with them, and judges offer them a second chance. So by the time these girls (who use drugs of all kinds, but mostly pills, alcohol, and marihuana) are placed in treatment for truancy or running away, things have really gotten out of hand.

Meetings:

During the past year, a number of conferences have been held in which the treatment of dependent women was either the central or major concern. Our feature story is a pastiche of some of these conferences — some highlights, noteworthy results, and important followup news.

A Conference on Drugs, Alcohol, and Women was held in Miami in October 1975. Sponsored by NIDA's Program for Women's Concerns, the Conference is described as". . . the first federally sponsored forum devoted exclusively to the . . . needs of drug- and alcohol- dependent women." Representatives from 38 States, Canada, and Puerto Rico attended.

As a result of this 3-day event, five regional coalitions were established. Their primary focus is on issues related to treating women. Coordinators were named at the conference. Since then, position papers have been drawn up by regional groups; these are published in the conference proceedings. Regional coordinators, listed below, may be contacted for membership information.

Recently, National Research and Communications Association received a NIDA contract to help these coalitions become more stable. Project Director Muriel Nellis says:

"This project is a second stage of activity that was initiated in October 1975 at the first national Forum on Drugs, Alcohol and Women. It signals a continuity of commitment made by the Program for Women's Concerns in the Office of the Director of the National Insitute on Drug Abuse. It is consonant with the newly amended Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 94-371) and the Drug Abuse Office and Treatment Act of 1972.

"The project is designed to discover how concerned citizens in various localities, nationwide, view the particular needs of women who are vulnerable to or dependent on drugs or alcohol, and to solicit their recommendations.

"In pursuit of this objective, the Regional Coalitions will be strengthened to increase their organization and communication network. With the assistance of community organizations and other interested experts, they will collect information on programs, techniques and settings that have particular promise for the increased functional health of women.

"An Advisory Council is being formed to complement these citizen initiatives. Selected representatives of organizations and agencies with national constituencies in either the public or private sectors are being invited to serve. Their official recognition asserts that the objectives of this Alliance and the participating organizations are of mutual concer. They will urge their officers and memberships to cooperate in each respective locality and to participate in the process of defining recommendations for action.

"The success of this project should produce at least two critical results: 1) prospective agents-for-change will have new information and 2) support systems will have been forged for this and future collaborative purposes."

Region I: **ME, VT, NH, MA, RI CT, NJ, NY, PR**

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Speaking at NIDA's Miami Conference, Stephen Lawton, Chief Counsel of the House Subcommittee on Health and Enviornment, said, "Some of the problems surrounding alcohol, drugs, and women are susceptible to legislation; some are not. The Congress does respond to well-documented problems. A well-informed Congress has the capacity and the desire to respond to the suggestions emanating from this important forum. In my view, the Congress is waiting . . . the key for action is in your hands."

Representative Peter Rodino (D-(D-NJ), key speaker at the Miami conference, agreed with the notion that some women's needs could be handled through legislation. When he returned to Wasington, he met with Representative Paul Rogers (D-FL), Chairman of the House Subcommittee on Health and Environment, and they began the process

of introducing legislation that would give a Federal mandate for special consideration of women's needs.

Their efforts came to fruition on July 26, 1976, when Public Law 94-371 was signed (see *On Capitol Hill* for more details). In essence, this Law amends the Drug Abuse Office and Treatment Act so that special consideration is given to assessing the needs of and implementing programs especially for minors and women.

Alberta Henderson, NIDA's Director for the Office of Women, said at the New Orleans Alcohol and Drug Problems Association (ADPA) conference in September 1976: "Ongoing programs must be made aware of and sensitive to the needs of women. We are just beginning to discuss how this new legislation should be implemented. People in the field can help us by letting us know their concerns, problems, successes, and recommendations for improving services to women."

In November of 1976, Jody Forman-Sher joined the NIDA Office of Women as a public health advisor and assistant to Ms. Henderson. Ms. Forman-Sher is a social worker by training. Her Master's thesis explored therapist's sex-role biases toward female clients. Before coming to NIDA, Ms. Forman-Sher acquired considerable field experience working with women. For example, she was assistant director at a crisis intervention center in Richmond, Virginia. While in this position, she functioned as a facilitator for a women's awareness group and taught a women's awareness course at an open high school in the city.

One specific need that women share is that of child care. Whether it frees them to go to work or to participate in a treatment program, women need provisions for child care. As one woman who was quoted in NDAC's *Women in Treatment* course said, "I felt that I had to choose between my children and my treatment." These are not viable alternatives, but too often they are the only ones; child care frequently is not a regular part of the ancillary services offered by treatment programs. But things are changing, as Karen Starr of the Chrysalis project reported at the ADPA's New Orleans conference.

Chrysalis has received State funding (through the Minnesota Chemical Dependency Bill) to provide outreach to female addicts and their families. This funding established Organized Non-Threatening Outreach Program (ONTOP) which is designed to help women get into a treatment facility and stay there. One of the most important factors in the retention is ensuring child care services, so ONTOP works with the welfare agencies to recruit caretakers for their clients' children. These caretakers are often recruited from the ex-addict population and are given foster care training. For more information about this program write to Chrysalis, 2401 Stevens, Minneapolis, Minnesota 55404.

Child care, in a broader sense, was the subject of a "Symposium on Comprehensive Health Care for Addicted Females and Their Children," which was held in May at the New York Medical College in Manhattan, sponsored by NIDA's Services Research Branch. Participants were coordinators and administrators of treatment programs with research and/or demonstration components for pregnant addicts. Over the 2-day period, presentations included such topics as: monitoring and evaluating comprehensive care for families with abusers; using a neonatal withdrawal index to monitor abstinence in new borns; the interdependence of prenatal care and the newborn's health; and a general look at managing the pregnant addict. Proceedings will be published by NIDA's Services Research Branch early in 1977. For further information, contact Ms. Margo Hall, Services Research Branch, NIDA.

The Services Research Branch has contracted with one of the symposium participants, Dr. Loretta Finnegan, to prepare a document on caring for pregnant addicts who are being maintained on methadone. Dr. Finnegan, who heads the Division of Nurseries at Jefferson Medical College in Philadelphia, expects that her publication will be ready for distribution in April 1977 (write to Ms. Hall for information). She will work with a team of consultants (specialists in obstetrics, psychiatry, methadone maintenance, and related disciplines) to pull together a manual that will be useful to all programs whose clients include pregnant addicts.

Treatment and all social service components are obvious topics for meetings and symposia such as these. Less obvious, but in the last analysis no less important, is what to do with the person who completes treatment. Dr. Mary S. Harper from NIMH's Center for Minority Group Mental Health programs said at the Drugs, Alcohol, and Women Conference, "We do not know how to assit a person in reentry. . . . We do not know right now how to return a person to social usefulness. We need to get serious about how to prepare people to function, and one variable we must consider is whether we have prepared the person as a worker." Harper went on to point out that since most treatment programs are male oriented, vocational training for women is virtually nonexistent.

Another important, but too often overlooked, aspect of reentry is posttreatment followup. Brenda Weathers, director of an alcoholism treatment program in Los Angeles, described her program to the participants of the New Orleans conference. One thing she emphasized and felt contributed to her program's success is the existence of an active, and aggressively maintained, "alumnae club." Her program's "graduates," mostly young women in their late teens and early twenties, return to The Alcoholism Center for Women on a regularly scheduled basis to talk about how their lives are going in the world outside of treatment. "It is not a big rap session or catharsis," Weathers said, "but more of a friendly, social time when women can talk about their lives in whatever detail they need to."

Both Harper and Weathers stressed that we must learn to look

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On Capitol Hill

As we noted in our feature story, the big legislative news is the passage of PL-94-371, whose official title is "An Act to Amend the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, and for other purposes." Our concern in the drug abuse field is with those "other purposes."

This new piece of legislation calls for amending sections 409 and 410 of the Drug Abuse Office and Treatment Act of 1972 by adding the following paragraphs (respectively): "include . . . an identification of the need for prevention and treatment of drug abuse and drug dependence by women . . . and provide assurance that prevention and treatment programs with the State will be designed to meet such need," and "The Secretary shall give special consideration to applications under this section for programs and projects for prevention and treatment of drug abuse and drug dependence by women . . . ."

Precisely what this will mean is as yet unclear because regulations specifying how States must comply with this legislation are still in the thinking stages. As noted elsewhere, though, suggestions from the field will be helpful.

At the same time that this legislation was passed, the House Select Committee on Narcotics Abuse and Control, of which Rep. Lester Wolff (D-NY) is Chairman, was formed. This investigative committee's broad charter mandates looking into all aspects of narcotics abuse. The areas for study fall under two major headings: (1) supply and (2) demand.

To date the Committee has conducted an overview search of all Federal agencies that have any involvement in the domestic control of narcotics and has held nine open hearings on this topic. At present they are preparing an Interim Report on their findings.

In the future the Committee will host a series of investigative hearings with the hope of eventually developing a new Federal strategy for coping with those issues that surround narcotics abuse and control.

At a recent open hearing, committee members questioned Dr. Theodore Cooper, Assistant Secretary for Health; Dr. Robert DuPont, NIDA's Director; and Mayor Paul Jordan from New Jersey City.

Dr. DuPont provided information on such a broad spectrum of topics as the state of the art of long-acting methadone; profits (estimated to be in the area of $7 billion) made by international illegal drug traffickers; the need to ensure jobs for rehabilitated individuals; and the function of NIDA's Clearinghouse.

Chairman Wolff asked why the United States has not adopted the "British system" of heroin maintenance. DuPont explained this complex issue. Recently, the United States instituted a policy of encouraging countries that grow opium poppies to substitute other crops. This is a delicate and sensitive international issue, but some progress has been made with crop substitution. The amount of opium needed for legitimate medical use is far exceeded by the amount grown for and funnelled into the illegal market. So, in essence, to endorse heroin maintenance would be to contradict our national policy, and DuPont feels the benefits of getting illegal heroin off the streets significantly outweigh any positive aspects of heroin maintenance. Furthermore, DuPont pointed out, heroin maintenance would require outpatients to make several daily trips to the dispensing clinic, a fact that would substantially increase the cost of operating treatment programs. In addition, DuPont noted that in recent conversations with British doctors involved in heroin maintenance programs, the doctors felt that the rise in patient caseloads in England may in part be attributable to the easy access of drugs.

Mayor Jordan discussed the need to develop some legal mechanism whereby officials at levels lower than State government can be involved in developing State drug abuse treatment plans. He pointed out that in his city alone, the number of people registering for treatment had increased from 902 in 1972 to 2,597 in 1975. He noted that it is really at the city level that treatment programs are implemented and also at this level where the multiple causes and effects of drug abuse are felt most severely.

News:

A course...

WOMEN IN TREATMENT

After more than a year of intensive preparation, the National Drug Abuse Center's course aimed at helping people improve the services they provide to women is available. Officially titled *Women in Treatment, Issues and Approaches* (WIT), the course concentrates on women who are opiate-dependent, although polydrug and alcohol abuse are treated in the resource readings. Designed to be delivered over a 5-day training period, WIT covers such topics as attitudes toward women, characteristics of the female addict, and effective treatment experiences for women.

The course can be purchased from NDAC's materials distribution center, Box 398, McLean, VA 22101. Prices are: Trainers manual, $11.00; trainees workbook, $5.50; resource book, $7.00; videotape, $11.00 for the ½" open reel or $21.00 for the ¾" cassette.

Also hot off the NDAC presses are *Confidentiality of Alcohol and Drug Abuse Patient Records* (a self-instructional course), $5.50; *Vocational Rehabilitation in the Treatment Setting*, trainer's manual, $12.50; trainee's manual, $4.50; and two videotapes available either as ½" or ¾" tape for $23.00 or $30.50 respectively.

Third Party Payments, trainer's manual, $10.50; trainee handbook, $5.50. *Assessment Interviewing for Treatment Planning*, trainer's manual, $4.50; ½" or ¾" videotape, $21.95 or $28.38; audiotape of the videotaped material, $3.00.

Emergency Department: Drug Abuse Treatment, is a multivolume course designed to help all members of the emergency department team to provide services to cope with patients who come for help because of drug-related problems or who have drug-related problems (or possible complications from drug reactions) but come for some other emergency treatment.

Also in preparation is the *Medical Monograph Series*, a multivolume series designed to acquaint physicians with the complex issue of drug abuse. At present three of the series are available: *Diagnosis and Evaluation for Treatment Staff Physicians, Treatment of the Drug Abusing Patient for Treatment Staff Physicians*, and *Administrative Aspects of Drug Abuse Treatment Programs.*

A brochure containing a full description of all the courses offered by NDAC is available without charge from the NDAC Materials Distribution Center upon written request.

Revisions of some NDAC courses have been completed. *Methadone Treatment Manager's Course* and *Residential Treatment Manager's Course* have been updated and combined into one course: *Basic Management Skills*. The course helps trainees to identify and improve the skills necessary for managing drug abuse treatment and rehabilitation programs. Cost of the two-volume course is $11.25.

Counselor Training: Short-term Client Systems has also been revised. The major purpose of this course is to train counselors in the listening and responding skills that are basic to any helping relationship. Costs: trainer's manual , $5.50; participant's manual, $5.00.

A commission...

WOMEN'S COMMISSION: RECRUITING

The Alcohol and Drug Abuse Problems Association of North American (ADPA), sponsor of the New Orleans conference, has formed a National Women's Commission. Pam O'Shea, coordinator, describes the commission as a communication vehicle and information network for women interested in having an impact on national and local policies, funding prioritites, conference programs, client services, and other areas where the special needs of women should be considered. To belong to the Women's Commission, one must join ADPA, but Ms. O'Shea advises that, in writing to ADPA for general membership information, one should specify particular interest in the Commission. ADPA's address is 1101 15th St., N.W., Washington, D.C. 20036.

A conference...

NATIONAL DRUG CONFERENCE

San Francisco was the site for the annual National Drug Abuse Conference held May 5-9, 1977. Thirty-four task forces were created to take a multicultural look at drug abuse, and one of these was concerend with women. Cecelia Fortney, conference administrator, told **RESOURCES** that there were several presentations at the conference dealing with women's issues. For more information about these presentations, contact Ms. Fortney National Drug Abuse Conference 1977, c/o Haight Ashbury Training & Education Project, 409 Clayton St., San Francisco, CA 94117, (415) 626-6763.

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Programs:

In this article, RESOURCES covers some of the treatment programs designed to give women special attention. Since most programs were originally set up for men, the unique needs of women have often been overlooked or ignored. Fortunately, we have realized that some of a woman's needs are indeed different from men's. For example, women, more often than men, are both breadwinner and parent—burden enough even without the added difficulty of drug abuse. Helping women learn to cope with these two roles demands that a treatment program be aware of their existence.

In the past such special considerations have been given little attention. As can be seen in these descriptions, such broad social concerns as sex-role stereotyping, vocational training, child care, parenting, and new female role models are issues that have important implications for the rehabilitation of women. Perhaps the single most important issue is that women be helped to see and believe that choices are available and they can make them.

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Newtown, PA 18940
(215) 968-4713

Treatment of Drug and Alcohol Dependencies Among Young Adults (TODAY, Inc.) is basically a nonsexist therapeutic community for male and female polydrug abusers.

Funded through the State Drug and Alcohol Commission, and third-party payments, TODAY, Inc.'s staff of 35 treats about 50 inpatients and 35-40 outpatients monthly in a multimodality collection of programs.

TODAY, Inc., stresses an attitude that helps to relieve both sexes of societal stereotypes. For example, jobs are assigned within the therapeutic community on the basis of talent and interests, not sex—a woman may be head of maintenance, a man in charge of housekeeping.

The women's program treats 15 to 30 clients each month. Therapy with an appropriate female role model as therapist in an all-female group is one of the most important concepts of TODAY.

MANHATTAN COMMUNITY REHABILITATION CENTER
460 W. 41st St.
New York, New York 10036
(212) 695-6600

The Manhattan Community Rehabilitation Center, under the auspices of the New York State Office of Drug Abuse, has clients from all over the State. It has a residential program for women and an outpatient program that is 40 percent female. The Center offers educational, prevocational, and recreational programs. Because most women want to maintain supervisory control of their children, the Center tries to help them. Resident' mothers often act as the children's guardians while the women are in treatment. The Center also stresses many role options available to women. If a client chooses a role other than that of homemaker, she is assisted in this choice.

Although this may seem to be a simple idea, it represents a great leap forward in therapy for women, for it was not long ago that a "successful adjustment" was defined as becoming a wife and mother. As increasing recognition is given to the fact that these two roles need be no more vocationally limiting than the roles of husband and father, treatment programs are expanding their views and their services to accommodate a more flexible definition of success.

NEW YORK MEDICAL COLLEGE CENTER FOR COMPREHENSIVE HEALTH PRACTICE
Family Care Unit
21 E. 105 St.
New York, New York 10029
(212) 860-8966

The Center for Comprehensive Health Practice's Family Care Unit is a NIDA-funded demonstration project for the complete treatment of pregnant addicts and their families. The program offers comprehensive, continuing treatment for the entire family and meets all medical, social, and economic needs. Any necessary outside help is brought into the center. Medical students, trained as primary care practitioners, follow the treatment of the patient from the outset, working with other specialists as needed.

There are 100 pregnant women with opiate or morphine addiction problems in treatment with their families. Detoxification is attempted during pregnancy, and newborns are carefully monitored for withdrawal symptoms. The clinic has an obstetrician, pediatrician, psychiatrist, and internist. Each treatment team has at least one doctor, counselor, child-care specialist, and monitor/evaluator. Prevocational training is offered before a client moves into education or employment.

THE INSTITUTE FOR STUDIES OF DESTRUCTIVE BEHAVIOR AND THE SUICIDE PREVENTION CENTER
1041 S. Menlo
Los Angeles, CA 90006
(213)386-5111

The Family Development Program of the Suicide Prevention Center is a primary prevention program for substance abusing pregnant women, mothers, fathers, and preschool children. By focusing on parent education and interpersonal family relationships, the institute seeks to reduce addictive and criminal behavior among parents, to ameliorate and prevent developmental disabiliteis among children, and to prevent disintegration of the family unit. Services offered are (1) group, individual, and family counseling; (2) crisis intervention; (3) day care; (4) psychological testing and diagnosis; (5) education in child development and child care; (6) referrals for medical and legal services; (7) liaison with courts, probation departments, and welfare agencies.

SUBSTANCE ABUSE SERVICES
1439 S. Michigan Ave.
Chicago, Illinois 60605
(312) 663-3611

In conjunction with its general detoxification and residential treatment programs, Substance Abuse Services has a Special Treatment Unit that serves four types of addicts: (1) those with medical probelms such as diabetes or cancer, (2) alcoholics, (3) those with severe psychological or behavioral problems, and (4) pregnant addicts.

The Special Treatment Unit provides classes in prenatal and postnatal care for pregnant women and arranges exercise classes through a local hospital. It directs the women to the hospital of their choice for delivery and medical care and works with the hospital while the infants withdraw from methadone. The health of the women and neonates has improved markedly: Addicted infants normally weigh 3 to 4 pounds; now babies are born weighing up to 7 pounds. After delivery the mothers return to the clinic to receive continued counseling for their addiction.

ODYSSEY HOUSE PARENTS' PROGRAM
Mabon Building
Wards Island, New York 10035
(212) 369-3351

Odyssey House is a residential, therapeutic community treating 40 drug-addicted parents (mostly women) and their children. Clients are referred to this program from a variety of sources throughout the county. They remain in the program an average of 24 months, advancing through a series of stages that allows them to assume progressively more responsibility and independence.

This NIDA-funded demonstration program offers comprehensive general counseling; psychological, psychiatric, and medical care; pediatric services; day-care; and job placement, education, and training referral services to its residents. It is unique in offering these full-time services in a residential environment.

Graduates of the Parents' Program, as well as graduates from other Odyssey programs, can reside in group housing provided by the Odyssey Institute. While in these group houses, the residents share house and outside job responsibilities during the reentry phase that follows graduation from the program.

ADOLESCENT MEDICINE CLINIC
Medical College of Virginia Hospital
Box 151
Richmond, VA 23298
(804) 770-6506

The Adolescent Medicine Clinic was established 5 years ago to treat adolescents. Since then, its services have expanded to include some treatment of other age groups. The clinic offers outpatient methadone maintenance, drug-free treatment, and detoxification to its adolescent patients. It uses the inpatient facilities of the hospital, including the departments of psychiatry, obstetrics and gynecology. Fifty percent of staff and patients are female. Adolescents are involved in one-to-one counseling, group therapy, and classes in self-defense, rape, contraception, body development, and self-awareness.

An important aspect of the clinic's function is the treatment offered to newborn children of addicted mothers. The clinic follows the emotional condition of the pregnant adolescent throughout her pregnancy and, after birth, provides care for the newborn and the mother.

OPERATION PAR, INC.
2400 9th St., S.
St. Petersburg, FL 33705
(813) 894-4181

Operation Par, Inc., provides comprehensive outpatient and residential treatment. It has a Diversion Program similar to Treatment Alternatives to Street Crime (Mini-TASC). Many clients in the residential program are referred by the courts.

About 140 of the 375 clients are women. The staff is 50 percent female. Female clients in the residential program meet in women's groups and jointly with male residents. Clients are taken on a weekly outing. The women participate in arts and crafts, cosmetol-

ogy, and child care workshops. Training in job skills is available. Operation Par maintains contact with the Florida State Employment Commission and the Division of Vocational Rehabilitation.

Mothers may bring their children into the methadone day-care program, where parent-effectiveness training techniques are stressed.

W.O.M.A.N., Inc.
4105 Cass Ave.
Detroit, MI 4820[illegible]
(313) 833-3093, (313)831-2606

WOMAN, Inc., another of the five demonstration projects funded by NIDA, is located in Detroit's inner city. It is a problem and crisis intervention center for both addicted and straight women. Staff members act as legal, medical, social service, and mental health advocates for women.

TRIMMS OUTREACH, NORTHWEST
Texas Research Institute of Mental Science
4800 W. 34th St., Suite A15
Houston, TX 77018
(713) 868-5843

Trimms Outreach is a community-based outreach facility offering methadone and drug free outpatient programs. It provides psychological, and psychiatric treatment for its clients. Medical referrals are also provided. Trimms sends clients to other agencies for vocational and educational counseling. Special attention is given to the problems of women. Trimms takes pregnant heroin addicts off the street and attempts to stabilize them on methadone so that their babies will be born addicted to methadone instead of heroin.

Because methadone is not illegal, the neonates' withdrawl from methadone can be monitored under carefully prescribed circumstances, a fact that is crucial to the healthy, normal development of the child. Trimms works with mothers in treatment and counseling.

WOMEN TOGETHER and TOGETHER, INC.
7 State St.
Glasboro, NJ 08028
(609) 881-4040

Women Together is an outpatient, drug free program funded by the State of New Jersey to study women who abuse drugs, particularly legal drugs. It is a voluntary nonresidential center that provides crisis intervention, drug information distribution, and a 24-hour hotline (Together, Inc.). Its basic approach to treatment is feminist-oriented: women help other women.

An unusual aspect of Women Together is its concern with abuse of drugs obtained with a doctor's prescription. Women who would never enter a "drug" treatment center because of the stigma involved can attend the workshops on sexuality, communication, self-defense, crafts, or drug information.

Reaching this "closet" population often requires these indirect techniques, not only because many women won't admit to their addiction, but also because they are afraid of the consequences of withdrawal or simply don't know they are addicted. People who work in the drug field are generally acutely aware that a drug frequently does more than simply relieve the symptoms for which it was prescribed, but the patient in search of relief often doesn't know to ask about side effects or the length of time required to develop tolerance. Thus, setting up informal, nonthreatening situations where a variety of topics can be discussed is probably one of the best ways to promote drug education. Outreach into the community also includes women's rap sessions and teenage and coeducational communication groups. The State Division on Women of New Jersey is providing funds to establish a state-wide women's referral service. Together, Inc., provides a toll-free hotline (800) 322-8092 (New Jersey only).

MARIN TREATMENT CENTER
1466 Lincoln Avenue
San Rafael, CA 94902
(415) 457-3755

More than half of the staff at Marin Treatment Center are female and 96 percent are professionally trained. This NIDA-funded center offers methadone maintenance, a 21-day detoxification program, and drug free services. Family therapy, a pregnant addict program, and gynecological services are offered; counseling for women is available through Planned Parenthood of Marin County. The house has an outreach program in the Women's Honor Farm, the Men's Honor Farm, and the county jail.

W.O.M.A.N., Inc.
570 Warren St.
Dorcester, MA 02121
(617) 442-6166

WOMAN, Inc., of Massachusetts is one of five demonstration projects funded by NIDA. It offers residential, drug free treatment to women addicts. Group and single counseling, workshops concerning parenting and the needs of women, and trips to a health club are available. Clients can take advantage of educational and GED training. All counselors in the program are women.

This is one of the two demonstration projects with a 24-hour program for women and their children. A

(continued on page 14)

(continued from page 3)

done of frequency of physician visits and symptoms presented, however, reality is more complex than the simple suggestion that women are being overmedicated because of physician bias.

There is, in fact, no evidence that physicians more often prescribe psychoactive drugs for women patients with psychological symptoms than they do for men with similar symptoms. However, women report greater incidence of psychological symptoms than do men. It is more common in our society for women to admit to psychological distress and to seek medical aid for it. With changing sex-role expectations, we may anticipate that members of both sexes will feel freer to admit to and seek help for psychological pain.

This is not to argue that all prescribing of psychoactive drugs is necessary or appropriate. But neither is it adequate to accept even widely held opinions if the evidence contradicts them.

What are we at NIDA doing about women's drug problems? The list of activities is not long, but it is growing.

NIDA is particularly interested in factors involved in the transition points in people's lives. There are specific circumstances that seem to increase the likelihood of a person's having drug-related problems. We will study such influences in the lives of women.

Serious attention is also being paid to the potential hazards of drug abuse to women's health, in general, and to pregnant women and their children especially. A consideration of the long-term effects of drug use has been under-emphasized until now. It is important that possible genetic damage or other effects on fetal development be adequately explored. NIDA is also concerned about the effect of methadone maintenance on the health of the pregnant addict and the fetus.

Treatment and rehabilitation of women drug abusers must offer a variety of choices to the women involved. Not all women choose traditional lifestyles; a method of treatment must not be imposed on them because of the inflexibility of treatment arrangements or preconceived ideas of a woman's role.

NIDA is working toward a greater understanding of the forces that influence women to become seriously involved with drugs. Most female opiate addicts are introduced to heroin by men rather than by women friends. We know much less about possible means of early intervention that might make women less vulnerable to addiction. To the extent that men's and women's drug problems are interwoven, we are trying to understand how they are related to and affect one another.

Today the NIDA response to the unique problems of women is Institute-wide. The Divisions of Community Assistance, Research, Resource Development, and Scientific and Program Information are continuing to fund treatment programs and demonstration models such as The Women's Demonstration Project; produce educational packages; and build valid data bases to respond to the special needs of women substance abusers. Our major focuses are to—

- identify the special treatment needs of female drug abusers
- evaluate the effectiveness of existing health delivery systems in treating female drug abusers
- develop new treatment models that are potentially more effective and models that are sensitive to the special needs of women. Among other things, we will look at—
  1. the female addict and her child (implications of motherhood for treatment);
  2. societal/attitudinal factors (sexuality, femininity, female self-concept, sex role and functions, stereotypes, societal factors);
  3. medical treatment and complications (the treatment of chronic medical problems, the methadone-maintained mother and her child, preventive medical practices);
  4. employment and education (special employment problems of women addicts, female occupations, career aspirations and sex roles, self-realization);
  5. legal problems (child placement, alternatives to incarceration, sentencing patterns, differences in the legal response);
  6. the nature and extent of drug use in the female population.

A society with increasing freedom of choice for both sexes poses many problems. Solutions demand the best of which women and men are capable. By adding new dimensions of human dignity to all lives, we build a better world for everyone. In such a world the challenges of living may well provide a more lasting "turn on" than any drug can offer.

PEOPLE *(continued from page 4)*

Its new members agreed that IAPP must develop new objectives along the lines of the greatest needs of its members, not set cut-and-dried goals on the basis of the opinions of its organizers. Ms. Collins explained that ". . . IAPP will combine drug abuse and alcoholism because we're interested in all types of prevention of behavioral problems."

Membership information is available from International Association of Prevention Programs, P.O. Box 1123, Carefree, Arizona 85331. (602) 488-9084.

MEETINGS *(continued from page 7)*

at treatment as a continuum and realize that, as Harper said, "We cannot take people from an isolated setting and put them into the complexities . . . of society and expect anything less than a 70 percent recidivism rate." She endorsed the idea of greater interagency cooperation (between NIDA-funded programs and DOL's manpower programs, for example), an idea whose time has most likely come. There is a growing realization that simply "curing" someone of an addiction doesn't mean that the problems that led to that addiction in the first place have vanished.

PROGRAMS *(continued from page 12)*

child-care specialist at the center works with mothers and children brought into the program. The center can house 14 women and 8 children. Counselors and mothers work in the cooperative day-care center on a voluntary basis. WOMAN, Inc., coordinates its efforts with the State Welfare Department and Division of Child Guidance in arranging assistance for these children.

Institute of Clinical Toxicology
Central Clinic
5420 Caroline
Houston, Texas
(713) 528-2071

The Central Clinic of the Institute of Clinical Toxicology was established in January 1977 to offer methadone and drug-free outpatient treatment. It provides medical referrals and directs clients to other agencies for vocational and educational counseling.

The clinic's special program for treatment of female addicts that has several components. In one, pregnant heroin addicts are stabilized on methadone so that their babies can be born and treated under known and supervised conditions. Sandy Wade, Program Director and head nurse, works with these women.

Ann Rose, who initiated this program, described another aspect of the women's program: a group that attempts to raise women's consciousness and to help them assume a power role in society. The group is based on Bion's concepts of how groups function when faced with issues of power, authority, and leadership. The group has just been formed and the eight women now in it are working from the first level of consciousness raising to the second level; this will involve helping them deal with stress that occurs in both the home and work environments. According to Mrs. Rose, much of this stress is related to feelings of powerlessness. At the third level, the group will help women deal with power and authority issues.

One of the long-range plans for the Central Clinic may be implemented this fall. Dr. Carol Stark is beginning her residency in child psychiatry at Baylor College of Medicine and would like to combine her interests in children with her concerns about women. She proposes to add a group for the children of women in the clinic. This group will provide various group activities for the children to help them understand and deal with their mother's addiction and how they are affected by their mothers' problem. Many mother do not participate in their children's lives because they feel branded as addicts. The result, Dr. Stark believes, is that children feel they are "second rate." The Central Clinic could like to eradicate these fears and help both the mothers and their children lead freer lives.

HELP US . . .

RESOURCES would like to hear from its readers. In the past, we have received letters from our readers suggesting topics and even offering to prepare articles. While we probablycannot print articles, we would like to know of upcoming meetings, noteworthy books or new programs. Write to **RESOURCES**, National Institute on Drug Abuse, Division of Resource Development, Manpower and Training Branch, 11400 Rockville Pike, Rockville, MD 20852.

Resource Exchange

In this issue, Resource Exchange reviews publications about women only. Some are available from NIDA's National Clearinghouse for Drug Abuse Information, 11400 Rockville Pike, Rockville, MD. 20852. Others may be obtained from the source indicated. Please do not send your requests to the National Drug Abuse Center.

Early in this century, the widespread medical custom of prescribing opiates for menstrual pains and female discomforts had resulted in the fact that more than two-thirds of all opiate users were women. Gradually, as the use and prescription of these substances came under strict legal control, this situation ameliorated. But today there is another major problem involving women and drugs: Well over half of all antidepressants and amphetamines prescribed are for women. Until now scientific literature on the subject has been scant.

One of the best annotated *Special Bibliographies* (No. 4, October 1975) available from the National Clearinghouse is *Women and Drugs*. It covers women and psychotherapeutic drug abuse, showing that women use more barbiturates, anti-anxiety agents, and psychoactive drugs than do men and that women between the ages of 34 and 50 are especially prone to becoming abusers of these substances.

ALSO AVAILABLE...

Another Clearinghouse publication, *Drugs and Pregnancy, Research Issues 5*, covers a number of drugs, such as tranquilizers and alcohol (and their effects on the newborn), as well as LSD, heroin, and methadone.

Women and Drugs, published by the National Coordinating Council on Drug Education (NCCDE), is one of their 25 topical bibliographies now compiled into a single volume entitled *Annotated Drug & Alcohol Bibliographies*. Entries were selected for their readability, accuracy, and generalized approach. Write NCCDE, 1526 18th St., N.W., Washington, D.C. 20036. Price: $4.

Women and Drug Use, an annotated bibliography that includes articles on five major topics (alcohol, narcotics, cigarettes, treatment, and drug advertising) may be obtained from the Student Association for the Study of Hallucinogens, Inc. (STASH), 118 South Bedford, Madison, Wis. 53703. Price: $3.

BOOKS

Women in Therapy: New Psychotherapies for a Changing Society, edited by Violet Franks, Ph.D., and Vasanti Burtle, M.A. Published by Brunner/Mazel: New York 1974, 441 pages, $15.00.

Leading experts have prepared for this volume a remarkable group of essays on current feminine psychodynamics presenting viewpoints that are not always in agreement, but that are always clearly and rationally expressed and based on solid clinical and statistical data.

Part I presents an overview of the changing views and therapeutic approaches toward women since Freud, reflecting the intermingling of sociological and psychological considerations.

Part II deals with biological and cultural influences on women's behavior, attitudes toward themselves and others, and therapeutic relationships.

In part III, four approaches to problematic behaviors, the course origin and management of special concerns of women—depression, alcoholism, homosexuality, and phobia—are discussed with emphasis on new, clinically tested treatments.

In part IV prominent therapists look at contemporary psychotherapies for women from various viewpoints, exploring the course and efficacy of different treatments.

Part V, Therapy and Agencies, focuses on the treatment of women in prisons and mental hospitals and on psychotherapy with men and women in public agencies.

Part VI has a discussion by Suzanne Kelley of new directions for women.

This contemporary presentation of current approaches in therapy as they apply to women is of vital importance not only to therapists, but also to the millions of women who will seek and benefit from their therapy.

U.S. GOVERNMENT PRINTING OFFICE : 1977 O—238-743